



Equality Delivery System v2 (EDS 2) required Outcome summary evidence template

Please see supporting EDS Goals and Outcomes below and identify which one your evidence supports. Evidence can be strategic or operational but must demonstrate **outcomes**.

We are looking for evidence for Goals1 & 4 for grading on 27 October 2015.

All evidence must address at least one of the Equality Act 'Protected Characteristics' which are: **age, disability (physical, mental, sensory, learning, long term health conditions), gender, race, religion and belief, pregnancy and maternity including breastfeeding, sexual orientation, gender reassignment, marriage and civil partnership.**

Your evidence should specifically show:

How do people from protected groups fare compared to people overall [in healthcare]?

Evidence is put forward for external scrutiny at a public grading panel event this year. Please think creatively about how you would like to present your evidence (stories, pictures, film, audio, presentations, case study etc.). Please ask for support if needed.

CCG: <i>Stoke on Trent & North Staffordshire CCGs</i>	
CSU Directorate/Team:	
Contact person: Lisa Taylor/ Lorraine Cook	
EDS Goal and Outcome: <i>1.4: When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</i>	
Which of the following protected characteristics have been addressed?	What is the evidence for each protected group indicated?
<input checked="" type="checkbox"/> Age	The Complaints/ PALs process provides protection for all the protected characteristics
<input checked="" type="checkbox"/> Gender	See above
<input checked="" type="checkbox"/> Gender re-assignment	See above



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√Disability	See above
√Race	See above
√Religion or Belief	See above
√Sexual orientation	See above
√Marriage and Civil Partnership	See above
√Pregnancy maternity	See above

What is your focus / Area of good practice

During 2014/ 15 the two CCGs established a Complaints and PALs (Patient Advice Liaison Service) Assurance Group. The Group which meets bimonthly includes the Clinical Director for Quality and Patient Experience, CCG Quality team staff, CSU (Commissioning Support Service) Complaints Manager, Lay Members (Patient and Public Involvement) and representation from Healthwatch Stoke and Healthwatch Staffordshire.

The group was established because the CCGs recognised the value and importance of patient feedback and wanted to give some dedicated focus and resource to ensure that the CSU provide a good service on behalf of the two CCGs that supports users and also to look forward to see how we could further enhance and progress this service. As well as looking at national reports to seek advice on best practice e.g. Ombudsman’s reports, the group routinely reviews two randomly selected complaints and PALs responses for quality assurance.

Outcome - what happened?

During 2014 the group was established. Routinely two randomly selected PALs and Complaints anonymised responses are reviewed at every meeting. This review looks not only at whether all aspects of the complaint have been responded to but also at the tone of the letter and style of response.

The Complaints, PALs and Compliments Policy was reviewed by the group. The Group ensured that the policy had been consulted on via the Patient Congress and that the feedback from patients had been appropriately considered and incorporated into the policy. Although this is an internal policy for staff use, the group felt that this was a policy that the public may wish to read and therefore, they should have the opportunity to input into its review.

This is an ongoing piece of work and the next phase which has just commenced is to look at



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the patient facing information that is available on the website and in the form of a leaflet. At the same time work is commencing on creating a system to capture user satisfaction with the stages of the complaints process, part of which will include the collection of data on the 9 protected characteristics. This work and approach was discussed at the October meeting with consultation commencing in November.

Whilst recognising that this is ongoing work and we are on a journey it is worth noting that the CCGs through the group have provided very clear direction to the CSU Complaints and PALs team about the person centred approach we wish to see from them when they are acting on our behalf. CCG staff have attended CSU team meetings to tell staff how we value their work and to share with them the CCGs values in terms of “Putting patients first”. The CSU have fully embraced our approach and work well with us. They tell us that very few other CCGs take this level of interest, to the point that they do their development work with us and then other areas simply adopt it.

Evidence of ‘You said. We did.’

- Complaints, PALs and Compliments Policy review was informed by the Patient Congress members who advised that it needed to have less jargon, be easy to read and concise. As a result of a request from the patient Congress members more information was added on the support and advocacy available to support people who wish to raise a concern. The changes made to the policy were as a result of the consultation were fed back to the Joint Quality Committee prior to ratification of the policy by each CCG Governing Body.
- Person centred approach – the CCG has discussed with the CSU how we value patient feedback and see it as an opportunity to learn and improve services for patients. Whilst the system does not currently explicitly capture the individual 9 protected characteristics the CCGs have directed the CSU Complaints and PALs teams that we expect them to “Put patients first” and to establish early on in the process any individual support that a complainant may need to enable them to raise their concerns so that these can be fully addressed. For example:
 - A GP alerted the CCG that one of their patients had had a poor experience when using the patient transport service. Both the patient and the patient’s daughter were elderly and told the doctor that they would not be able to write and complain. The CCG spoke to the patient’s daughter to see how we could support them to raise their concerns which resulted in a member of the Complaints team visiting the patient and her daughter at home so that they could tell their story.
 - The CCG routinely provides advice on accessing advocacy support.
 - By fostering a proactive approach to resolving the patient’s issue / concern and attending the CSU staff meeting to promote this approach. We were pleased when we heard that the team in response to a question raised by an MP about a patient’s eligibility for access to patient transport to a hospital appointment, recognised the importance and urgency (given the appointment was in the next couple of days) and set about arranging the transport so that the patient didn’t have to worry about and then set about resolving the eligibility issue which was subsequently resolved.



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